



# TOWN OF EAST HAMPTON

159 Pantigo Road  
East Hampton, New York 11937  
Office: (631)324-2417  
Fax: (631)324-3085

John Rooney  
Superintendent of Recreation

## Games & Crafts – Springs

**LOCATION:** Springs Rec Building

**DATES:** Mondays – Fridays, July 5, 2022 through August 19, 2022

**SESSIONS:** **3 1/2 HOUR DAILY SESSIONS**

- ☐ \$100 for one child
- ☐ \$150 for two children
- ☐ \$200 for three children

**AGES:** Kindergarten through (12) years of age.

**ACTIVITIES:** Group Games and Arts & Crafts

**\*\*\*ALL PAYMENTS MUST BE MADE AT THE PARKS AND RECREATION DEPARTMENT\*\*\***

**\*\*\*NO MONEY WILL BE TAKEN AT THE SPRINGS REC BUILDING\*\*\***

**\*\*\*NO CHILDREN WILL BE ADMITTED UNLESS PREVIOUSLY REGISTERED AND PAID IN FULL\*\*\***

**\*\*A COPY OF A BIRTH CERTIFICATE IS REQUIRED FOR ALL CHILDREN FIVE YEARS OF AGE\*\***

	9 am – 12:30 pm	12:30 pm – 4pm	Total \$
July 5 – July 8	<input type="checkbox"/>	<input type="checkbox"/>	_____
July 11 – July 15	<input type="checkbox"/>	<input type="checkbox"/>	_____
July 18 – July 22	<input type="checkbox"/>	<input type="checkbox"/>	_____
July 25 – July 29	<input type="checkbox"/>	<input type="checkbox"/>	_____
August 1 – August 5	<input type="checkbox"/>	<input type="checkbox"/>	_____
August 8 – August 12	<input type="checkbox"/>	<input type="checkbox"/>	_____
August 15 – August 19	<input type="checkbox"/>	<input type="checkbox"/>	_____

**In case of emergency, notify:**

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

**\*\*Parks & Recreation Department does not supply LUNCH or SNACKS.\*\***

**www.ehamptonny.gov**

Please sign up with **NOTIFY ME** on the East Hampton Town website. Select “Recreation” under the “Calendar” category to receive Recreation Program Information throughout the year.

# Town Of East Hampton Waiver of Liability

**PLEASE PRINT NEATLY AND CLEARLY ALL INFORMATION BELOW!**

As parent/guardian for \_\_\_\_\_ (name(s) of child/children enrolling).

I hereby grant permission for his/her participation in the "EAST HAMPTON TOWN PROGRAM " sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in permitting my childs/childrens' participation, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program as well as its elected and appointed officials, harmless from liability resulting from, my childs/childrens' participation in the program.

**VERY IMPORTANT TO WRITE & PRINT CLEARLY**

**Names of children:**

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
GRADE: _____	GRADE: _____	GRADE: _____	GRADE: _____
AGE: _____	AGE: _____	AGE: _____	AGE: _____

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Date:**     /     /

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Print Name:** \_\_\_\_\_